

Principal National Life Insurance Company Principal Life Insurance Company Principal Securities, Inc.

January 20, 2022

JOHN BARRETT INC 333 W 56TH ST APT 10FG NEW YORK NY 10019-3764

Re: Insured - John Barrett
Policyowner(s) - John Barrett Inc
Life Insurance Policy No. Principal Life Insurance Company 4829800

Dear John Barrett Inc,

We received a request from Valmark Financial Group to send them information on your policy. Since they are not authorized to receive this information, we are sending it to you.

- 1. Statement of Coverage
- 2. Most recent Annual Statement

We were also asked for a copy of the original policy and application, but we are unable to release policy files. This term policy is convertible to any current permanent product Principal Financial Group offers.

We're here to help. If you have any questions, please call us at the number listed below. Thanks for choosing Principal® for your insurance needs.

Sincerely,

Individual Life Insurance Customer Service (800) 247-9988

Enclosure

Copies to: All Policyowners

Your representative STEPHEN I GILBERG (914)227-9021 Agency: 2154-Z



JOHN BARRETT INC 333 W 56TH ST APT 10FG NEW YORK NY 10019-3764

January 07, 2022

Insured - John Barrett Policyowner - John Barrett Inc Term Life, Policy Number 4829800

STATEMENT OF COVERAGE (Values as of 01/07/2022)

Policy status
Policy date

03/16/2015
Issue state

Face amount of base policy \$10,000,000.00

 Maturity date
 03/16/2052

 Final conversion date
 03/15/2025

The last premium payment of \$3,702.15 was received on 12/16/2021 and was applied 12/16/2021.

Total premium paid \$303,576.30

Unused premium \$1,110.64

Primary beneficiary — JOHN BARRETT INC Contingent beneficiary — None Listed Assignee — None Listed Secondary addressee — None Listed

Individual Life Insurance Customer Service 800.247.9988 Mon-Fri 7:00 am - 6:00 pm CT

Your Financial Representative: Stephen I Gilberg ChFC CLU 914.227.9021

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Home Office: 711 High Street, PO Box 10431, Des Moines, Iowa 50306-0431 <u>www.principal.com</u> Individual Life Insurance 711 High Street Des Moines, IA 50392

JOHN BARRETT INC 333 W 56TH ST APT 10FG NEW YORK NY 10019-3764



JOHN BARRETT INC

NEW YORK NY 10019-3764

333 W 56TH ST

APT 10FG

Life insurance policy annual statement

Prepared on 03/16/2021

Policy number 4829800 Policy type 10-Year Term Policy date 03/16/2015 **Face amount**

This is not a payment request.

\$10,000,000

Policy summary (as of 03/16/2021)

Insured Owner

John Barrett

John Barrett Inc

Monthly premium Final conversion date

\$3,702,15 03/15/2025

Important information

Conversion privilege (see final conversion date above)

Your policy includes a conversion privilege which is available for a limited period of time. Prior to the end of the conversion period, you may convert all or part of this Term policy's face amount to a permanent life insurance policy without the need to provide evidence of insurability. Please refer to your policy for additional details and contact your financial representative or our Customer Service Center if you have any questions.

Additional premium charges

• For premium payment frequencies other than annual, there is an additional charge, as demonstrated in the table below.

Premium payment frequency	Premium amount	Annualized premium	Premium payment frequency charge	
Annual	\$42,310.30	\$42,310.30		
Semi-Annual	\$21,684.03		\$0.00 \$1,057.76	
Quarterly		\$43,368.06		
	\$11,106.45	\$44,425.80	\$2,115.50	
Monthly	\$3,702.15	\$44,425.80	\$2,115.50	

Note: Monthly frequency is only available if set up for Pre-Authorized Withdrawals.

Notes

- Please refer to your policy for a detailed explanation of the benefits shown above.
- You may obtain policy information and request service forms by visiting our website at principal.com.



Your current email address: Not on file

To change your email address, go to principal.com or call our Customer Service Center at the number shown below.

Contact us

For additional information regarding your policy, please use any of the following resources: Your Financial Representative **Principal Life Insurance Company**

MICHAEL B DRANOFF 973.535.0955

Customer Service Center 800.247.9988 Mon-Fri 7:00 am - 6:00 pm CT

Mailing address: PO Box 10431 Des Moines, IA 50306-0431

principal.com	
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Policy Information Policy Number(s)

Principal Life Insurance Company Principal National Life Insurance Company P.O. Box 10431, Des Moines, IA 50306-0431

www.principal.com

Your policy indicates its issuer, which is the company responsible for the policy obligations and is referred to herein as the 'Company'.

Secondary Addressee for Life Insurance

For Assistance: 800-247-9988

Fax: 866-885-0390

Email: IndLifeService@exchange.principal.com

PLEASE PRINT CLEARLY

On the Life of (the insured)

Why use this form?			
You have the option to select another person (Secondary Ada and termination letters regarding your life insurance policy. these copies, or you've already set someone up as a Secondary Ada and termination letters regarding your life insurance policy.			
Why would I want someone else to receive this information	n abou	t my policy?	a administration of the
Your life insurance policy is there to protect what's important back-up plan. Your Secondary Addressee can receive copic Secondary Addressee could be anyone you choose, like a fapolicy can't be added as a Secondary Addressee).	to you. E	But, when the	e unexpected happens, you may want a
You can cancel or change your Secondary Addressee by prov	iding ve	rbal or writte	n notice to us at any time.
How to select someone to receive copies of grace period			
Return this completed form to us at the address listed abov return receipt requested, to verify delivery of your request. First and Last Name of Secondary Addressee	e. You h	nave the opti	ion to return the form by certified mail,
, not and East Harne of Secondary Addressee			
Address of Secondary Addressee		7. 7., 20 L - AL	
City			
City	State	Zip	Phone
			()
Final step – Your signature			
For policy(ies) with multiple owners, the owners must agree below reflects this agreement. Only one policyowner is require	on the	Secondary this form	Addressee and the owner's signature
I instruct Principal to accept and process this request.	a to oign	tino ioiii.	
Printed Name of Policyowner			
Policyowner Signature (Please use title if corporate or trust owned)			
2.3. Salar (1. 13000 dae tide ii corporate or trust owned)		Date	
*For policies issued before 1999, the Secondary Addressee m	av also i	eceive conic	es of hilling notices. For some
the "Late Remittance" hilling notice serves as a green latter	,	COSITO COPIC	or bining notices. For some policies,

the "Late Remittance" billing notice serves as a grace letter.

This is not a Beneficiary Change form

PRIVACY NOTICE



This Notice is provided on behalf of the following companies of the Principal Financial Group®:

Principal Life Insurance Company
Principal National Life Insurance Company
Principal Trust Company
Principal Life Insurance Company Variable Life Separate Account
Principal National Life Insurance Company Variable Life Separate Account
Principal Life Insurance Company Separate Account B
Employers Dental Services, Inc. / Principal Dental Services, Inc.

Protecting your privacy

This Notice is required by law. It tells how we handle personal information.

This Notice applies to:

- people who own or apply for our products or services for personal use.
- · employee benefit plan participants and beneficiaries.

Please note that in this Notice, "you" refers to only these people. The Notice does not apply to an employer plan sponsor or group policyholder.

We protect information we collect about you

We follow strict standards to safeguard personal information. These standards include limiting access to data and regularly testing our security technology.

How we collect information

We collect data about you as we do business with you. Some of the sources of this data are as follows:

- Information we obtain when you apply or enroll for products or services. You may provide facts such as your name; address; Social Security number; financial status; and, when applicable, health history.
- Information we obtain from others. This may include claim reports, medical records, when applicable, credit reports, property values and similar data.
- Information we obtain through our transactions and experience with you. This includes your claims history, payment and investment records, and account values and balances.
- Information we obtain through the Internet. This
 includes data from online forms you complete. It also
 includes data we collect when you visit our websites.

How we share information

We may share personal information about you or about former customers, plan participants or beneficiaries among companies within the Principal Financial Group or with others for several reasons, including:

- · to assist us in servicing your account;
- · to help design and improve products;
- to protect against potential identity theft or unauthorized transactions;
- in response to a subpoena or for other legal purposes;
- · to prevent fraud;
- to comply with inquiries from government agencies or other regulators;
- with others that service your account, or that perform services on our behalf; and
- · with your consent, at your request or as allowed by law.

Medical information

We do not share medical information among companies of the Principal Financial Group or with others except:

- when needed to service your policies, accounts, claims or contracts;
- · when laws protecting your privacy permit it; or
- · when you consent.

Accuracy of information

We strive for accurate records. Please tell us if you receive any incorrect materials from us. We will make the appropriate changes.

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